

## Enrollment Prep Sheet

Before you begin entering your practice's information into the Physical Therapy Outcomes Registry Sign-Up Portal, we recommend that you collect the information below related to your practice and all physical therapists enrolling. Having this information handy will make the sign-up process quicker and easier.

**Practice Information.** Collect this information for your overall practice. If the practice has multiple locations, this information should represent the practice headquarters or central office.

- Practice name.
- Practice address (street, city, state, zip code).
- TIN (including valid dates).

**Practice Administrator Contact.** Collect this information for one or more people at your practice who will be the point(s) of contact for administrative purposes.

- Name.
- Phone number.
- Email address.
- Preferred username.
- Is this person also a physical therapist who will be enrolling in the Registry?
- Role (administrator, lead physician, etc.).

**Practice Location.** Collect this information for each location within your practice. If your practice has only one location, this information likely will match the "Practice Information" above, but please enter it again here.

- Location name.
- Address (street, city, state, zip code).
- Site type (acute care hospital, private outpatient, etc.).
- TIN (including valid dates).

**Provider Information.** Collect this information for each physical therapist who is enrolling in the Registry. Only physical therapists are eligible to enroll; physical therapist assistants or other providers are not.

- Name.
- Date of birth.
- Sex.
- APTA member ID (if applicable).
- NPI number.
- Email address.

- Clinician type.
- ABPTS specialization(s).

**Electronic Health Record Integration.** Collect this information for the overall practice. You may need to indicate the details for each EHR system if you have more than one.

- EHR name (if available).
- EHR hosting platform (cloud-based or local).
- Manual entry versus EHR integration.
- Data push versus automatic data pull.

**EHR System.** If you enter data manually, you can skip this section. Otherwise, collect this information based upon your practice's current EHR system. This may require consultation with your IT expert.

- Practice IT contact name.
- Practice IT contact email address.
- Practice IT contact phone number.
- Name of EHR system.
- Version of EHR system.
- Is your EHR a complete 2015 ONC Certified Health IT product?
- Where is your EHR hosted?
  - ASP model hosted by EHR company.
  - ASP model hosted by outside vendor.
  - In-practice network managed by EHR company.
  - In-practice network managed by outside vendor.
  - In-practice network managed by practice.
- Relational database management system, and version, used by EHR:
  - MSSQL.
  - Oracle.
  - PostgreSQL.
  - MySQL.
  - Other.
  - Unknown.
- Name of practice management system (if applicable).
- Version of practice management system (if applicable).

**Last Updated:** 10/16/2020

**Contact:** registry@apta.org